

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Garo Mardirossian SB#101812, Adam Feit SB# 267965 Mardirossian & Associates 6311 Wilshire Boulevard Los Angeles, CA 90048</p> <p>TELEPHONE NO.: (323) 653-6311 FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): garo@garolaw.com ATTORNEY FOR (Name): Plaintiff, Kelli Tennant</p>	<p>FOR COURT USE ONLY</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 312 N. Spring Street MAILING ADDRESS: 312 N. Spring Street CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: Central District</p>	
<p>PLAINTIFF/PETITIONER: KELLI TENNANT DEFENDANT/RESPONDENT: LUKE WALTON</p>	
<p>REQUEST FOR DISMISSAL</p>	
<p>CASE NUMBER: 19STCV14022</p>	

A conformed copy will not be returned by the clerk unless a method of return is provided with the document.

This form may not be used for dismissal of a derivative action or a class action or of any party or cause of action in a class action. (Cal. Rules of Court, rules 3.760 and 3.770.)

1. TO THE CLERK: Please **dismiss** this action as follows:

- a. (1) With prejudice (2) Without prejudice
- b. (1) Complaint (2) Petition
- (3) Cross-complaint filed by (name): _____
- (4) Cross-complaint filed by (name): _____
- (5) Entire action of all parties and all causes of action
- (6) Other (specify):*

on (date): _____

on (date): _____

2. (Complete in all cases except family law cases.)

The court did did not waive court fees and costs for a party in this case. (This information may be obtained from the clerk. If court fees and costs were waived, the declaration on the back of this form must be completed).

Date: December 03, 2019

Garo Mardirossian SB#101812, Adam Feit SB# 267965

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)



Adam Feit

(SIGNATURE)

Attorney or party without attorney for: Kelli Tennant

*If dismissal requested is of specified parties only or specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.

- Plaintiff/Petitioner Defendant/Respondent
- Cross-Complainant

3. TO THE CLERK: Consent to the above dismissal is hereby given.**

Date:

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)

(SIGNATURE)

Attorney or party without attorney for:

- Plaintiff/Petitioner Defendant/Respondent
- Cross-Complainant

(To be completed by clerk)

4. Dismissal entered as requested on (date): **12/04/2019**

5. Dismissal entered on (date): _____ as to only (name): _____

6. Dismissal **not entered** as requested for the following reasons (specify):

7. a. Attorney or party without attorney notified on (date): **12/04/2019**

b. Attorney or party without attorney not notified. Filing party failed to provide
 a copy to be conformed means to return conformed copy

Sherri R. Carter, Executive Officer / Clerk of Court

Date: **12/04/2019** Clerk, by **Andrew H. Trinh**, Deputy

PLAINTIFF/PETITIONER: KELLI TENNANT

CASE NUMBER:

DEFENDANT/RESPONDENT: LUKE WALTON

19STCV14022

COURT'S RECOVERY OF WAIVED COURT FEES AND COSTS

If a party whose court fees and costs were initially waived has recovered or will recover \$10,000 or more in value by way of settlement, compromise, arbitration award, mediation settlement, or other means, the court has a statutory lien on that recovery. The court may refuse to dismiss the case until the lien is satisfied. (Gov. Code, § 68637.)

Declaration Concerning Waived Court Fees

1. The court waived court fees and costs in this action for (*name*): _____
2. The person named in item 1 is (*check one below*):
 - a. not recovering anything of value by this action.
 - b. recovering less than \$10,000 in value by this action.
 - c. recovering \$10,000 or more in value by this action. (*If item 2c is checked, item 3 must be completed.*)
3. All court fees and court costs that were waived in this action have been paid to the court (*check one*): Yes No

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____



(TYPE OR PRINT NAME OF ATTORNEY PARTY MAKING DECLARATION)

(SIGNATURE)